

TROTWOOD-MADISON CITY SCHOOLS
School Records Update Form
(PLEASE USE BLUE OR BLACK PEN)
2017 - 2018

Dear Parent/Guardian:

Please fill in the following information needed to update your child's school records for this school year. We appreciate your immediate attention to this matter. Thank you. **(PLEASE PRINT)**

Student Name	Grade	Birth Date (mo/day/yr)	<u>Male/Female</u> Sex (circle one)	Race
Address		City Zip Code		
Home Phone	Cell Phone	Has custody changed? ____ Yes ____ No		

Father's/Guardian's Name	Place of Employment	Work Phone
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Mother's/Guardian's Name	Place of Employment	Work Phone
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Is either parent an active member of the armed forces or National Guard? __ yes or __ no

Email address _____

Foster Parent (if applicable): _____
Name Phone

Name of Agency	County	Phone #	Name of Caseworker
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(It is the parents' responsibility to notify the school if custody, address, or phone number changes.)

<u>Other Children in the Home:</u>	<u>School Attending:</u>
_____	_____
_____	_____

I authorize the following people to pick up my child in case of an emergency. PHOTO ID MUST BE PRESENTED AT THE TIME OF PICK-UP. (WRITTEN NOTICE IS REQUIRED FOR PERSONS WHO ARE NOT ON THIS LIST TO PICK UP A STUDENT!)

<u>Name</u>	<u>Relationship to Child</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Childcare Provider _____

Address _____ Phone _____